

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51	/			
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/						67				
18	/						68				
19	/						69				
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21	/						71				
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23	/						73				
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25	/						75				
26	/						76				
27	/						77				
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30	/						80				
31	/						81				
32	/						82				
33	/						83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38	/						88				
39	/						89				
40	/						90				
41	/						91				
42	/						92				
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				